

HISTORY FACILITY PROFILE

KOLOB REGIONAL CARE & REHAB
411 WEST 1325 NORTH
CEDAR CITY UT 84720
STATE'S REGION CODE: 001

PROVIDER #: 465143 FACILITY BEDS
PHONE NUMBER: (435) 586-6481 TOTAL: 120
PARTICIPATION DATE: 09/18/1996 CERTIFIED: 120 TYPE OWNERSHIP: FOR PROFIT - CORPORATION

TYPE ACTION: RECERTIFICATION

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 08/15/2002

TOTAL: 82
MEDICARE: 13
MEDICAID: 39
OTHER: 30

LTC ADMISSION/SUSPENSION DATES

ADMISSION SUSPENDED:
SUSPENSION RESCINDED:

TOTAL CERTIFIED BEDS: 120

18 18/19 19 ICF/MR
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120

CURRENT SURVEY REVISIT DATES - 10/15/2002

| PRIOR 3 SURVEY 12/1998 | S/S CODE | PRIOR 2 SURVEY 03/2000 | S/S CODE | PRIOR 1 SURVEY 05/2001 | S/S CODE | CURRENT SURVEY 08/15/2002 | S/S CODE | PLAN/DATE OF CORRECT |
|------------------------------|-------------|------------------------------|-------------|------------------------------|-------------|---------------------------------|-------------|-------------------------|
|------------------------------|-------------|------------------------------|-------------|------------------------------|-------------|---------------------------------|-------------|-------------------------|

PROGRAM REQUIREMENTS

| | | | | | | | | | |
|---|---|---|--|---|--|-----|---|------------|---|
| X | D | | | | | | | | REQ F0221-RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS NOT REQ |
| X | E | | | | | | | | REQ F0241-DIGNITY |
| | | X | | E | | | | | REQ F0242-SELF-DETERMINATION - RESIDENT MAKES CHOICES |
| X | E | | | | | | | | REQ F0316-APPROPRIATE TREATMENT FOR INCONTINENT RES |
| X | G | | | | | | | | REQ F0328-PROPER TREATMENT/CARE FOR SPECIAL CARE NEEDS |
| X | D | | | | | | | | REQ F0333-RESIDENTS FREE FROM SIGNIFICANT MED ERRORS |
| | | | | | | X C | D | 08/27/2002 | REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS |
| X | E | | | | | | | | REQ F0465-ENVIRONMENT IS SAFE/FUNCTIONAL/SANITARY/COMFORTAB |
| | | | | X | | | | C | REQ F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF |
| X | E | | | | | | | | REQ F0514-CLINICAL RECORDS MEET PROFESSIONAL STANDARDS |

EDITION OF LSC APPLIED

| PRIOR 3 SURVEY 12/1998 | PRIOR 2 SURVEY 01/2000 | PRIOR 1 SURVEY 02/2001 | 85 NEW CURRENT SURVEY 08/14/2002 | PLAN/DATE OF CORRECTION |
|------------------------------|------------------------------|------------------------------|---|----------------------------|
| | | X | X C | 10/13/2002 |
| | X | | | |
| | | X | X C | 09/03/2002 |
| | | | X C | 09/03/2002 |
| X | | | X C | 09/20/2002 |
| | X | | | |
| X | | | X C | 09/06/2002 |
| X | | X | X C | 08/14/2002 |

LSC DEFICIENCIES - BLDG NO. 01

K0018-CORRIDOR DOORS
K0029-HAZARDOUS AREAS - SEPARATION
K0044-HORIZONTAL EXIT
K0050-FIRE DRILLS
K0051-FIRE ALARM SYSTEM
K0052-TESTING OF FIRE ALARM
K0054-SMOKE DETECTOR MAINTENANCE
K0062-SPRINKLER SYSTEM MAINTENANCE
K0064-PORTABLE FIRE EXTINGUISHERS
K0070-SPACE HEATERS
K0130-OTHER

| TYPE OF DEFICIENCY | CURRENT SURVEY | PRIOR 1 SURVEY | PRIOR 2 SURVEY | PRIOR 3 SURVEY |
|---------------------------|-------------------|-------------------|-------------------|-------------------|
| CONDITION | 0 | 0 | 0 | 0 |
| REQUIREMENT | 1 | 1 | 1 | 7 |
| HEALTH TOTAL | 1 | 1 | 1 | 7 |
| LIFE SAFETY CODE | 6 | 3 | 4 | 3 |
| LIFE SAFETY CODE + HEALTH | 7 | 4 | 5 | 10 |

COMPLAINT SURVEY INFORMATION

| SURVEY DATE | STATUS |
|-------------|-----------------|
| 11/15/2000 | SUBSTANTIATED |
| 05/24/2001 | UNSUBSTANTIATED |
| 02/11/2002 | UNSUBSTANTIATED |
| 08/15/2002 | UNSUBSTANTIATED |

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSES X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT